# Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: RAPID GENERATION OF ACTIVATED

MONONUCLEAR ANTIGEN PRESENTING

CELLS FROM MONOCYTES

Attorney Docket Number:: 0508-1115

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

# 10/511748 DT01 Rec'd PCT/PTC 1 9 OCT 2004

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: FILIPPO

Middle Name::

Family Name:: BELARDELLI

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA FEDERICO OZANAM, 113

Address::

City of Mailing Address:: ROMA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-00152

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: TIZIANA

Middle Name::

Family Name:: DI PUCCHIO

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA DELLO SCALO PRENESTINO, 14

Address::

City of Mailing Address:: ROMA

State or Province of Mailing Address::

Country of Mailing Address::

ITALY

Postal or Zip Code of Mailing Address:: I-00159

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: STEFANO

Middle Name:: MARIA

Family Name:: SANTINI

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA MARFORIO, 6

Address::

City of Mailing Address:: ROMA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-00169

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: CATERINA

Middle Name::

Family Name:: LAPENTA

Name Suffix::

City of Residence:: FIRENZE

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA CAVOUR, 21

Address::

City of Mailing Address:: FIRENZE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-50129

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: MARIANTONIA

Middle Name::

Family Name:: LOGOZZI

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA RICCARDO ZAMPIERI, 27

Address::

City of Mailing Address:: ROMA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: . I-00159

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: STEFANIA

Middle Name::

Family Name:: PARLATO

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

# 10/511748 DT01 Rec'd PCT/PTT 1 9 OCT 2004

Country of Residence::

ITALY

Street of Mailing

VIA MASSIMILIANO DI PALOMBARA, 47

Address::

City of Mailing Address::

ROMA

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: I-00131

# Correspondence Information

Correspondence Customer 00466

Number::

#### Representative Information

Representative Customer	00466
Number::	

# Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/EP03/03922	4/15/03

# Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
EUROPE	02 290 994.9	4/19/02	Yes

10/511748 / DTO1 Rec'd PCT/PTC 19 OCT 2004

# Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::